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| Thank you for your interest in the  **Up to $5,000**  Child Care Council of Westchester, Inc. Scholarships  Key to the Future  July 1, 2019 to June 30, 2020  Read below for information on eligibility and the scholarship process. |
| 2019-2020 Key to the Future Application |
| **The families with infants and toddlers will receive priority for the scholarship. If funds are available, families with preschool age children will be considered.** |
| **The Key to the Future is…**  Administered by the Child Care Council of Westchester, Inc. This scholarship helps cover the costs for 10 to 12 months (July 1, 2019– June 30, 2020) of **full time** infant, toddler, and pre-school care.  The KEY TO THE FUTURE Award can only be used at an OCFS regulated child care program that is nationally accredited; has participated in one of the Council’s quality improvement projects in 2013 to 2019 and received a high rating in one of their classrooms; has participated in the QualityStarsNY program in 2015 or 2016 and received a high rating; or will agree to participate in an Environment Rating Scale program with the Council to be completed by July 2020. Factors that determine who will receive a Key to the Future are… Family income, family size and child’s age.  Families who meet the eligibility guidelines.  Awards are based on age of child, financial need, and family story. Timeline for application process  * **Deadline for receipt of application at the Child Care Council of Westchester:**   **5:00 pm Wednesday, May 15, 2019 (in office, not postmarked)**   * Review of applications by June 7, 2019 * Notification to applicants by mail week of June 17, 2019 regarding application status  Scholarships Amounts and Payment The scholarship will cover care from July 2019 to June 2020. The monthly payments will be made directly to your child’s program/provider. You are responsible to pay the remainder of tuition. The scholarship cannot be more than the amount charged by the program/provider. If your child attends for less than 15 days, the scholarship will be prorated.   |  |  |  | | --- | --- | --- | | **Rate Chart for**  **July 2019 to June 2020** | **Monthly Rate** | **Daily Rate\*** | | Infants & Toddlers (Children under 3 years old as of July 2019) | $425.00 | $19.32 | | Preschoolers (Children 3 & 4 years old as of July 2019) | $250.00 | $11.36 |  Eligibility Requirements  1. Applicants (both parents in household) must live in Westchester County and **be employed full time** (minimum of 30 hours per week). 2. Children **must** be enrolled in a:   For information on programs that meet this criteria, call 914-761-3456 x 140   * 1. Westchester County OCFS regulated **AND**   2. a child care program that is nationally accredited; **OR**   3. has participated in one of the Council’s quality improvement projects in 2013 - 2019 and received a high rating in one of their classrooms **OR**   4. has participated in the QualityStarsNY program in 2015 or 2016 and received a high rating **OR**   5. will agree to participate and complete an Environment Rating Scale program conducted by the Council.  1. Child must attend care on a full time basis, minimum of 30 hours/week, and be old enough to legally begin child care on July 1, 2019. 2. You may not receive or be eligible for any financial assistance for child care through the Department of Social Services. 3. The award can be used for care from July 2019 to June 2020 **OR** September 2019 to June 2020 (opt out for July/August). You may not use the scholarship for care only from July – August (the Council has the right to request the funds be returned if the scholarship is only used for the summer.) 4. Your household gross annual income must be within the income eligible guidelines listed below:  |  |  |  |  | | --- | --- | --- | --- | | **Family Size** | **Income Range** | | | | **2** | $33,821 | to | $55,803 | | **3** | $42,661 | to | $65,270 | | **4** | $51,501 | to | $69,525 | | **5** | $60,341 | to | $81,459 | | **6** | $69,181 | to | $93,393 | | **7** | $78,021 | to | $105,327 |  Helpful information to complete the application: **Household/family size defined:**   |  |  | | --- | --- | | **Situation** | **Included in Family Unit** | | An unmarried individual residing together with his/her own children | All individuals are part of the unit | | Unmarried individuals residing together with his/her own children and/or children in common | All individuals are part of the family unit | | Parent under age 21 residing with his/her parents | Parent and child are the family unit, not the grandparents | | Unmarried individuals residing together and no children in common | Each parent/caretaker is considered a separate family unit with his/her own children |   An adult is considered any person 18 years of age or older unless the individual meets the definition of a child with special needs. Adult children over the age of 21, living in the household, are not included in determination of family size. If one or both parents are disabled, proof of disability is required.  **What if my child is not currently attending a registered or licensed child care program that meets the Key to the Future requirements?**  We would like to see all children in quality child care. Consequently, the Scholarship committee has decided that only programs that have or will agree to participate in a Child Care Council of Westchester, Inc. quality improvement project, participated in QualityStarsNY, or are nationally accredited are eligible for the scholarships. Therefore, if you meet the other eligibility requirements, we encourage you to apply with the understanding that your child must be enrolled in a program that meets the requirements of the Key to the Future in order for you to receive the scholarship. You can contact the Council’s Referral Department to help you find new child care options that you may not have been aware of. Call 914-761-3456 x 140 to reach the Council’s Referral Department. Your current program may also contact the Council to discuss how to participate in a quality improvement program in order to be qualified for the scholarship. Please contact Nicole Masucci [nicolem@cccwny.org](mailto:nicolem@cccwny.org) or 914-761-3456 ext. 139 for more details.  **Child support:**  Child support received is included in family income. Proof of **receipt** of child support monies is required.  **Maximum # of children who can receive the Key to the Future**  You can receive a Key to the Future for up to three (3) children.  **Parents with disabilities:**  Consideration is given to households where one parent is disabled and full time child care makes it possible for a second parent to work full-time. Steps to Apply:  1. **Complete pages 6 to 12. Answer all questions that are applicable to you and your family.** 2. **Submit require documents with application** 3. **Mail or hand deliver application and all required documents by May 15, 2019 (in office, not postmarked)**   **Child Care Council of Westchester**  **Emails and Faxes**  **ARE NOT ACCEPTED**  **313 Central Park Avenue**  **Scarsdale, NY 10583**  **Attn.: 2019 Scholarships**  **Questions: Call Nicole Masucci at 914-761-3456 ext. 139 / email** [**nicolem@cccwny.org**](mailto:susane@cccwny.org) **or**  **Arlene Leuzzi at 914-761-3456 ext. 121 / arlenel@cccwny.org** |
| The following documents must be submitted with your application:   1. **Proof of gross income for all employed family members which includes:**  * Four (4) consecutive, recent pay stubs if paid weekly *(Including Dates, Name, Employer, Gross Income)*  **OR** * Two (2) consecutive, recent pay stubs if paid bi-weekly*(Including Dates, Name, Employer, Gross Income)* **AND** * Documentation of Any and All Other Income      1. **Proof of residency,** *including Name and Address* (Example: A copy of a recent electric bill or cable bill) 2. **Proof of child support** currently being received (A recently dated letter from parent providing child support indicating the child(ren) and the total amount being paid for each child and frequency. If you cannot obtain a letter, you may submit bank statements, copies of deposits, etc. that show the amount of support currently being received.) 3. **Proof of Child’s Age:** Birth Certificates for all children applying for the scholarships.   Incomplete applications will not be considered.  Send photocopies, as documents will not be returned.  Do you have questions?  Email [nicolem@cccwny.org](mailto:nicolem@cccwny.org) |

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| 2019-2020 APPLICATION Child Care Council of Westchester, Inc. Scholarships | Deadline for Receipt of Application:5:00 P.M. – Wednesday, May 15, 2019 (in office, not postmarked) **ALL SECTIONS MUST BE COMPLETED** |

## Applicant Information

|  |  |
| --- | --- |
| PRINT LEGIBLY! | Both parents and/or spouse must be listed on the application if they live in the household. |
| First Name (parent #1) | Click or tap here to enter text. |
| Last Name (parent #1) | Click or tap here to enter text. |
| First Name (parent #2 or spouse) | Click or tap here to enter text. |
| Last Name (parent #2 or spouse) | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, ST ZIP Code | Click or tap here to enter text. |
| Cell Phone | Click or tap here to enter text. |
| Home/Work Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |
| Mailing Address, if different | Click or tap here to enter text. |

## Marital Status

### Are you?

|  |  |  |
| --- | --- | --- |
| Married | Single or Separated | Other |

## Household Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LIST EVERY CHILD WHO LIVES WITH YOU. | | | | | |
| **Relationship to you** | **First Name** | **Last Name** | **Date of Birth** | **Sex**  **M or F** | **Needs Child Care?**  **Yes or No** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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## Your Income Information

|  |  |
| --- | --- |
| Your Name: | Click or tap here to enter text. |
| Employer: | Click or tap here to enter text. |
| Occupation: | Click or tap here to enter text. |
| How much are you paid (gross income before taxes)? | $Click or tap here to enter text. |
| How often are you paid? | Weekly **Bi-weekly,** Every other week  **Bi-monthly,** Twice a Month  Monthly |
| How many hours do you work **a week**? | Click or tap here to enter text. |
| Do you have any other jobs? | Yes No; If yes please provide the same information as above |

|  |  |
| --- | --- |
| **Check if you do not have a spouse**  **Check if the 2nd parent does not live in the same household as the child** | |
| Income Information – Spouse or Parent #2; if living in same household as child | |
| Spouse/Parent #2 Name: | Click or tap here to enter text. |
| Employer: | Click or tap here to enter text. |
| Occupation: | Click or tap here to enter text. |
| How much are they paid (gross income before taxes)? | $Click or tap here to enter text. |
| How often are they paid? | Weekly **Bi-weekly,** Every other week  **Bi-monthly,** Twice a Month  Monthly |
| How many hours do they work **a week**? |  |
| Do they have any other jobs? | Yes No; If yes please provide the same information as above |

## Other Income Information

|  |  |  |
| --- | --- | --- |
| **Income** | **Yes/No** | **If yes, how much & how often (weekly/monthly)? Attach Proof** |
| Do you current receive child support? | No Yes | $Click or tap here to enter text. |
| Do you or your children current receive SSI? | No Yes | $Click or tap here to enter text. |
| Do you have any other income? | No Yes | $Click or tap here to enter text. |

## Department of Social Services Assistance

|  |  |  |
| --- | --- | --- |
| **Income** | **Yes/No** |  |
| Do you currently receive child care subsidy from the Department of Social Services? | No Yes | Comment: Click or tap here to enter text. |
| Have been denied child care subsidy from the Department of Social Services in the past 3 months? | No Yes | **If yes, when?**Click or tap here to enter text.  **Attach denial letter** |

## Program/Provider

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child must be enrolled by July 1, 2019 or September 1, 2019** | | | | |
| **Child’s**  **First Name** | **Program/Provider Name** | **Program Address**  **(where the care is provided)** | **License/Registration #** | **I do not currently have a child care provider/program:** |
|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | I do not have child care  Please contact me to help me find child care |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | I do not have child care  Please contact me to help me find child care |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | I do not have child care  Please contact me to help me find child care |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | I do not have child care  Please contact me to help me find child care |

## Your Child’s Schedule in Care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s**  **First Name** | **What is the total # of hours in care per week?** | **What is the total # of days in care per week?** | **I would like the scholarship to begin:**  **(July 2019 or September 2019**  **or other date)** | **How much are you currently paying for child care a week?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| \*\*\* The Council understands that some families may choose a non-OCFS regulated care for the summer, July & August (such as a day camp). Therefore, you may opt-out of the scholarship for these months and except a prorated scholarship for September 2019 to June 2020. Also, you may not use the scholarship only for care during July – August. If you accept the scholarship and then end it in September, the Council has the right to request the funds be returned if the scholarship is only used for the summer. | | | | |

## Child Care/Early Care & Education Information

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| **If your child is not currently enrolled in child care, please explain who is currently caring for your child?** |
| Click or tap here to enter text. |

## Other Child Care/Early Care & Education Assistance

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **If yes, explain…** |
| Are you applying for any free programs, such as Pre-k or UPK, for the September 2019 school year? | No Yes | Click or tap here to enter text. |
| Are you receiving any financial assistance to help pay for child care (i.e. discounted rate from child care program, another scholarship, family assistance, child care subsidy, etc. ) | No Yes | Click or tap here to enter text. |

## Child Care Council Scholarship

|  |  |  |
| --- | --- | --- |
| **Have you previously received a child care scholarship through the Child Care Council?** | No Yes | **If yes, when?** Click or tap here to enter text. |

## Tell us why you should receive this scholarship

### **REQUIRMENT: Summarize how the Council’s scholarship would help your child and family if you were to receive it. The committee will consider your story when evaluating who should receive the scholarship.**

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| Click or tap here to enter text. |

## Checklist of attached required documents:

### **Check off the items you are submitting that are required to complete your application.**

|  |  |
| --- | --- |
| I have answered all questions and completed all sections  pages 5 thru 10 | I have submitted ***Proof of Current Address***  Acceptable proof includes an electric bill, cable bill, and/or phone bill, which list full address and my name. (driver’s license and passports are not accepted) |
| I have read and signed the agreement on page 11 | I have submitted ***Proof of Child Support*** |
| I have submitted a ***Proof of Income*** for myself and if applicable, for my spouse and/or parent #2.  A month’s worth of income that could include:  4 consecutive, recent paystubs if paid weekly  2 consecutive, recent paystubs if paid bi-weekly  Documentation of ANY & ALL income | I have submitted ***Proof of Child’s Age***  Birth Certificates for all children applying for scholarship |
| ***OPTIONAL – This will not impact your application or eligibility to receive this scholarship.***  *Submit a photo or video. Share why having a scholarship for child care would make a difference. Submit it to* [*nicolem@cccwny.org*](mailto:nicolem@cccwny.org) *and complete the Photography and Video Release Form. This will be used to help solicit future funding for our child care scholarship.* | |

## Agreement and Signature

I certify that I have read the 2019 Key to the Future Scholarship application, including the information on eligibility, length of scholarship and how the scholarship works.

I certify that all of the information I have provided is true and correct to the best of my knowledge.

I understand if my income, residency, or child care provider changes, I must notify the Council immediately.

I understand that if my child care cost is less than the scholarship monthly rate, the scholarship will not be provided.

I understand that the Child Care Council of Westchester may request any additional information to verify or provide clarity.

I understand that if my program does not fulfill their requirements they may be required to return the scholarship paid.

I certify that I have or will provided truthful and accurate information to the child care program/provider that I have chosen to care for my child(ren).

**Emails and Faxes**

**ARE NOT ACCEPTED**

DEADLINE

Wednesday

May 15th at 5pm

Falsification of the information shall result in termination of the scholarship.

***Submit Application to:***

*The Child Care Council of Westchester*

*313 Central Park Ave, Scarsdale, NY 10583*

*914-761-3456 ext 139 or ext 121*

|  |  |
| --- | --- |
| Name (printed) of Parent #1 | Click or tap here to enter text. |
| Signature of Parent #1 |  |
| Date of Parent #1 |  |
| Name (printed) of Parent #2 | Click or tap here to enter text. |
| Signature of Parent #2 |  |
| Date of Parent #2 |  |

**Photograph and Video Release Form**

**Use if you are choosing to submit a photograph or video.**

Subject/event: **Child Care Scholarship Fundraising**

I grant the Child Care Council of Westchester, its representatives and employees, the right to use the photographs or video footage of myself and my child(ren) that I am providing in connection with the above-identified subject or event.

I authorize the Child Care Council of Westchester to use and publish the same in print and/or electronically, for any lawful purpose, including, for example, such purposes as marketing, publicity, advertising, illustration, Web or Facebook content.

I have read and understand the above:

Name of child(ren) \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian (please print): \_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian (please sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition, I grant the Child Care Council of Westchester permission to include the name of my child(ren) and I when using images for the above-mentioned purposes.

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**